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FEC MAIL CENTES

Committee Name:	TO THAIL CENTER
Ministers of Peace	
If registered, FEC ID:	
Today's Date:	
8/21/14	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

## To Whom It May Concern:

Respectfully submitted,

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Treasurer's Name:

David R. Bush
, Treasurer

## 1202-129-0829

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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				0	ffice Use Only 29 AM 6: L
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	MAIL CENTER
MIMISTERIS	0 <sub>1</sub> F1	PEACE			
			<u> </u>	<u> </u>	
ADDRESS (number and street)	7,5	51 BAYWO	OD DRIVE IS	EICIOINIDI I	FLOOR
(Check if address is changed)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	PE	CITY A		CA 9 STATE ▲	4,9,5,4]- ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	LA	FORMUNI	15171E1R15101F1P1E1A	CEICOM	
	Option	nal Second E-Mail Ad	dress		
	LL				
		•			
COMMITTEE'S WEB PAGE AD	DRESS	(URL)			
(Check if address	lm/	MISTFIP	COFFIFIE GELICIA		
is changed) $ \boxed{M!N!I!S!T!E!X!S!o!F!P!E!A!C!E C!o M } $					
				<u> </u>	
2. DATE 08 2	7	2014			
3. FEC IDENTIFICATION N	UMBER	<b>▶</b> C	and the second of the second		
	5	·			
4. IS THIS STATEMENT N		EW (N) OR	AMENDED (A)		
I certify that I have examined the	nis State	ment and to the best	of my knowledge and belief it	is true, correct and	i complete.
Type or Print Name of Treasure	D	avid R. i	Bush		
Signature of Treasurer	The	la	·	Date 08	21 2014
NOTE: Submission of false, erron		· ·	may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1	(Revised	02/2009)
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5.			DMMITTEE  Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
	Name Candi			
	Candi Party	date Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Com	mittee:	
	(d)			Democratic, epublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)			ected organization is a: Labor Organization Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Committees Participating in Joint Fundraiser			
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number C	

FEC Form 1 (Revised (	5212009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Pa	AC Sponsor
NOME		11111
Mailing Address		
		J- <u>L</u>
	CITY STATE ZIP C	CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadersh	nip PAC Sponsor
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession	on of committee
Full Name DAIV	1.D. R. B.U.S.H.	
Mailing Address	17,5,5, 18,8,4,0,0,0,0, DIRILME ISECOND FLOO	riki i i i
	PETALUMA (94954	<u> </u>
Title or Position	CITY STATE ZIP C	CODE
ATTITIOIRINIEIYI I	Telephone number	J- <u>L.,</u>
Treasurer: List the name an any designated agent (e.g., and the second sec	ad address (phone number optional) of the treasurer of the committee; and the name at assistant treasurer).	nd address of
Full Name of Treasurer DIAIVI	1.D. R. B.U.S.H	
Mailing Address	17,5,5, BAYWOOD DELIVE ISECOND FLOO	<u> </u>
		<u> </u>
	P.E.T.A.L.V.M.A.   C.A.   9.4.9.5.4.	
Title or Position  ATTO RINEY	Telephone number	J- <u>L </u>

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of Designated

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David R. Bush 24 Floor 1555 Buywood Drive 24 Floor stalome, CA 94954

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Federal Electron Commission 999 E Street, N.W. Washington, DC 20463

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A-	8/29/14			
(8/2013)	DATE PREPARED			